

**State of California
Office of Administrative Law**

In re:
**Department of Corrections and
Rehabilitation**

Regulatory Action:

Title 15, California Code of Regulations

Adopt sections:

Amend sections: 3352.2, 3352.3, 3354,
3355.1

Repeal sections:

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2018-0913-02

OAL Matter Type: Regular Resubmittal (SR)

The California Department of Corrections and Rehabilitation (Department) proposed this action to amend regulations that address dental care for patients within Department institutions.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 10/8/2018.

Date: October 8, 2018

Richard L. Smith

Richard L. Smith
Senior Attorney

For: Debra M. Cornez
Director

Original: Scott Kernan, Secretary
Copy: Julie Inderkum

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2017-0919-11	REGULATORY ACTION NUMBER 2018-0913-02SR	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

OCT 08 2018

3:39 PM

AGENCY WITH RULEMAKING AUTHORITY
California Department of Corrections and Rehabilitation

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2017, 39-2	PUBLICATION DATE 9/29/2017	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Dental Care for Patients in CDCR Institutions		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2018-0323-02S	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) 15		AMEND 3352.2; 3352.3; 3354; 3355.1	
3. TYPE OF FILING		REPEAL	
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) July 23, 2018 - August 7, 2018			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) <input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY <input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____			
7. CONTACT PERSON Julie Inderkum		TELEPHONE NUMBER (916) 691-0697	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) julie.inderkum@cdcr.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

Ralph Diaz, Secretary (A), California Department of Corrections and Rehabilitation

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

OCT 08 2018

Office of Administrative Law

FINAL TEXT OF REGULATIONS

In the following, ~~strikethrough~~ indicates deleted text; underline indicates added or amended text.

California Code of Regulations, Title 15, Division 3, Adult Institutions, Programs, and Parole

Chapter 1. Rules and Regulations of Adult Operations and Programs

Subchapter 4. General Institution Regulations

Article 8. Medical and Dental Services

Section 3352.2 is amended to read:

3352.2. Dental Authorization Review Committee.

(a) For the purposes of this section and sections 3352.3 and 3355.1, the following definitions apply:

(1) Clinically necessary means health care services or supplies that are determined by health care staff to be needed to diagnose or treat an illness, injury, condition, disease, or its symptoms.

(2) Health care services means medical, mental health, dental, pharmaceutical, diagnostic, and ancillary services to identify, diagnose, evaluate, and treat a medical, psychiatric, or dental condition.

(3) Health care staff means persons employed or contracted by California Department of Corrections and Rehabilitation, who are credentialed, licensed, certified, and legally able to provide care to patients.

(4) Health record(s) means paper-based records, electronic records, and other media that document the patient's health care and provide a chronological account of a patient's examinations and treatments. Health care records shall be maintained in a manner that supports continuity of care.

(5) Patient means an inmate who is seeking or receiving health care services or who is assigned to a care team.

~~(a)~~ b Each ~~departmental~~ institution shall ~~establish~~ maintain a Dental Authorization Review (DAR) ~~e~~Committee. The DAR Committee shall ~~be established for the purpose of approve or disapprove requests for:~~

~~(1) Approving or disapproving requests for:~~

~~(A1) Otherwise excluded dental services.~~

~~(B2) Deviations from treatment policy.~~

~~(C3)~~ Medically Clinically necessary treatment, as determined by health care staff, that requires a contracted specialist to provide treatment at the local institution.

~~(D4)~~ Medically Clinically necessary treatments, diagnostic studies, or consultations, as determined by health care staff, that cannot be accomplished at the local institution.

~~(25) Reviewing treatment recommendations for special dental care needs.~~

~~(b) DAR committee membership shall consist of:~~

~~(1) A staff dentist as Chairperson.~~

~~(2) A staff dentist as Vice-Chairperson.~~

~~(3) Any institutional dentist(s) providing dental services to inmates.~~

(4) ~~Representatives from other institution services or divisions shall be invited, when appropriate, to committee meetings.~~

(c) DAR Ceommittee decisions requests at the institution level shall be reviewed and either approved or disapproved within 15 business days of receipt by the DAR Committee and shall be based on criteria established in section 3350.1(d) 3999.200(c). DAR Committee decisions shall be documented in the inmate's unit patient's health record. Cases that receive DAR Ceommittee approval and that require Dental Program Health Care Review Committee (DPHCRC) approval pursuant to section 3352.3(a), shall be forwarded, along with all supporting documentation, to the Dental Program Health Care Review Committee (DPHCRC). The treating dentist shall notify the inmate patient of the DAR Ceommittee's decision.

(d) The DAR Committee and/or DPHCRC approval process may be bypassed if the Supervising Dentist determines that the specialty services or consultation are required because of an Emergency dental condition, as defined in section 3355.1(g)(1), or an Urgent dental condition requiring that treatment be initiated within one calendar day, as defined in section 3355.1(g)(2).

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. Cal.).

Section 3352.3 is amended to read:

3352.3. Dental Program Health Care Review Committee.

(a) The Dental Program Health Care Review Committee (DPHCRC) shall meet as often as necessary to review cases approved by the Dental Authorization Review (DAR) Ceommittee for ~~otherwise excluded~~ those dental services listed in sections 3352.2(b)(1), (2), (4) and (5). DPHCRC decisions shall be completed within 15 business days of receipt and shall be based on criteria established in ~~Section 3350.1(d) 3999.200(c).~~

(b) ~~The DPHCRC shall consist of, but not be limited to, the following:~~

(1) ~~Chief Dentist, DAR, Inmate Dental Services Program (IDSP), DCHCS.~~

(2) ~~Chief Dentist, Policy and Risk Management, IDSP, DCHCS.~~

(3) ~~Chief Dentist, Training, IDSP, DCHCS~~

(4) ~~A minimum of two (2) dentists, IDSP, DCHCS.~~

(c) ~~Decisions to approve or deny requests for dental services which have been referred by the DAR committee shall require the attendance of a minimum of three (3) dentists, IDSP, DCHCS, at the applicable review committee, at least one of which must be a Chief Dentist or their designee, and shall be based upon the decision adopted by a majority of the DPHCRC members present.~~

(d) ~~The treating dentist shall notify the inmate patient of the DPHCRC's committee's decision regarding dental services. All decisions shall be documented and document the decision in the inmate's patient's health record.~~

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. Cal.).

Section 3354 is amended to read:

Section 3354. Health Care Responsibilities and Limitations.

(a) Authorized staff. Only facility-employed health care staff, contractors paid to perform health services for the facility, or persons employed as health care consultants shall be permitted, within the scope of their licensure, to diagnose illness or, prescribe medication and health care treatment for inmates patients. No other personnel or inmates may do so.

(b) Inmate Workers. Only trained or certified inmates shall operate health care equipment. Inmates shall not be permitted to:

(1) Schedule appointments.

(2) Determine another inmate's access to health care services.

(3) Obtain blood samples.

(4) Administer blood.

(5) Introduce or discontinue intravenous infusions.

(6) Have access to surgical instruments, syringes, needles, medications, or health records except as otherwise specified in these regulations.

(7) Perform any task identified as a health care responsibility.

(c) Private Consultants. Health care personnel not employed by the Ddepartment are not authorized to order treatment for an inmate patient. Such persons may offer opinions and recommendations for consideration by Ddepartment health care staff as follows: An inmate patient or an inmate's patient's responsible guardian or relative, or an attorney or other interested person wanting the inmate patient examined by a private physician, shall submit a written request to the institution head. The institution head shall, after consulting with the facility's ~~chief medical officer~~ Chief Medical Executive, grant the request unless convinced that specific case factors warrant denial. The fact of and reasons for such denial, and notice of the right to appeal the decision in writing to the Ddirector, shall be documented and given to the inmate patient or the person requesting the outside health care service. Costs of such private consultations or examinations shall be paid by the inmate patient or the person requesting the service.

(d) Emergency Health Care Attention. If an inmate is away from a facility for authorized reasons, such as assignment to a camp or transportation between institutions, becomes seriously ill or injured, emergency health care attention by available resources shall be obtained by the official in charge. Community physicians and hospitals shall be used if the inmate's condition does not permit prompt return to a Ddepartment medical facility.

(e) Medical Sick Call. Each Ddepartment facility confining inmates shall provide scheduled times and locations for general population inmates. A medical doctor, registered nurse, or medical technical assistant shall make daily visits to each nongeneral population housing unit to provide medical attention to inmates patients unable to use the sick call services provided for general population. Staff conducting sick call shall screen medical problems appearing to require further medical attention and shall evaluate requests for appointments with other medical staff. A facility physician shall personally visit each specialized housing unit at least once each week.

~~(f) Dental Priority Classification (DPC) codes: Inmates requesting dental treatment shall be evaluated and scheduled into one of the following categories:~~

~~(1) Emergency care category: A dental emergency, as determined by health care staff, includes any medical or dental condition for which evaluation and treatment are necessary to prevent death, severe or permanent disability, or to alleviate disabling pain. Immediate treatment shall be provided and will be available to such inmates 24 hours a day, 7 days a week.~~

- ~~(2) Urgent care category: Treatment of a dental condition of sudden onset or severe pain which prevents the inmate from carrying out essential activities of daily living; or sub-acute or unusual hard or soft tissue condition or pathology requiring early intervention. This category includes:~~
- ~~(A) DPC 1A: Such inmates shall receive treatment within one calendar day of diagnosis.~~
 - ~~(B) DPC 1B: Such inmates shall receive treatment within 30 calendar days of diagnosis.~~
 - ~~(C) DPC 1C: Such inmates shall receive treatment within 60 calendar days of diagnosis.~~
- ~~(3) DPC 2 Intereceptive care category: Treatment of advanced caries, moderate or advanced periodontal pathology, or the provision of dentures. This category requires that inmates have over 6 months remaining to serve on their sentence within the department at the time DPC 2 care is initiated, and provides eligibility for DPC 2 care regardless of oral hygiene status. Such inmates shall receive treatment within 120 calendar days of diagnosis.~~
- ~~(4) DPC 3 Routine Rehabilitative care category: Treatment of caries not likely to become advanced within one year, mild periodontal pathology, or the provision of removable partial dentures. This category requires that inmates have over 12 months remaining to serve on their sentence within the department at the time DPC 3 care is initiated, and meet oral hygiene requirements. Such inmates shall receive treatment within one year of diagnosis.~~
- ~~(5) DPC 4 No dental care needed: Inmates not appropriate for inclusion in DPC 1, 2, 3 or 5.~~
- ~~(6) DPC 5 Special needs care: Inmates with special needs. These include inmates requiring dental care that is a deviation from treatment policy as well as treatments that may require a contract specialist or that cannot be accomplished at the institution.~~

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. Cal.).

Section 3355.1 is amended to read:

§ 3355.1. Dental Care.

(a) For the purposes of this section, the definitions pursuant to sections 3352.2(a)(1)-(5) and the following definitions apply:

(1) Dental Priority Classification means a numerical or alphanumerical code associated with a dental diagnosis and assigned by a dentist. It is the objective expression of the degree of urgency of a patient's dental needs, providing the timeframe within which treatment must be initiated subsequent to the date of diagnosis.

(2) Face-to-face triage encounter means a planned visit to assess and diagnose a patient's chief complaint and to provide necessary treatment following submittal of a CDC 7362 (Rev. 03/04), Health Care Services Request Form, hereby incorporated by reference, by a patient or when dental staff issues a ducat to a patient after performing a health record review.

(3) Limited problem focused exam encounter means an unplanned visit to assess and diagnose a patient's chief complaint and to provide treatment if necessary for a patient with a dental emergency who arrives at the dental clinic unannounced without an appointment or who is referred to the dental clinic by health care or custody staff and dental staff has not issued a ducat to the patient and there is also no record of recently receiving a CDC 7362 from the patient addressing the emergent condition.

(4) Mainline facility means a CDCR facility where a patient is housed and assigned after completing the reception center initial intake process.

(5) Plaque index score means a measurement used to determine a patient's level of oral hygiene.
(6) Root canal therapy means a dental procedure in which the pulp chamber and canal(s) of a tooth are cleaned, shaped and filled.

(b) Access to Dental Care.

(1) Patients shall have equal access to dental services by:

(A) Submitting a CDC 7362 requesting dental care for which ducated face-to-face triage encounters shall be scheduled to have specific complaints addressed.

(B) Unscheduled dental encounters for emergency and urgent dental services.

(C) Referral from other health care providers, ancillary, and custodial staff.

(D) Receiving a Dental Priority Classification (DPC) based on clinical findings and radiographs.

(2) During a facility lockdown or modified program, dental staff shall coordinate with the clinic Registered Nurse, patient appointment schedulers, and custody staff to facilitate continuity of care.

(A) A lockdown or modified program shall not prevent the completion of scheduled dental encounters, and custody personnel shall escort the patient to the dental clinic, subject to security concerns.

(B) In facilities or housing units on modified program or lockdown status, a system shall be maintained to provide patients access to health care services.

(3) If a patient's scheduled appointment for Urgent Care, as defined in subsection (g)(2)(A), is cancelled or rescheduled by dental staff or if a patient unintentionally fails a dental appointment for Urgent Care as defined in subsection (g)(2)(A), the dentist shall see the patient within one calendar day. For all other dental care needs, the dentist shall see the patient within 35 calendar days of the cancelled appointment or unintentional failure, or consistent with the timeframe associated with the original DPC assigned at the date of diagnosis, whichever is shorter.

(4) If a patient's appointment for a face-to-face triage or limited problem focused exam encounter is cancelled or rescheduled by the dental clinic, or if a patient unintentionally fails a face-to-face triage or limited problem focused exam encounter, then the patient shall be seen by a dentist for a face-to-face triage or limited problem focused exam within three business days.

(c) Continuity of Care. Patients shall be provided ongoing dental care in accordance with their DPC as described in subsection (g). Dentists shall review internal consultation reports, medical and oral pathology lab reports, and reports from outside the facility that are the outcome of a Department or contracted dentist ordering the analysis within seven business days of receipt of the report(s) from the dental clinic and inform patients of the result(s) within three business days of reviewing the report(s).

(d) The Department shall operate in accordance with the California Dental Practice Act, division 2, chapter 4 of the Business and Professions Code (commencing with section 1600), and ensure that all patient protection provisions of the Act are in force.

(e) Dental Program Organizational Structure. The dental program shall maintain a regional administrative structure organized into four regions which shall include a Regional Dental Director and program compliance staff consisting of clinical and non-clinical reviewers. Each Region shall monitor quality of care and dental program policy compliance at the institutions.

(f) Examination and treatment rooms for dental care shall be large enough to accommodate the equipment and fixtures needed to deliver adequate dental services.

(g) Dental Priority Classification. Patients shall be assigned a DPC at the Reception Center Screening, at the time of their comprehensive dental examination at a Mainline Facility, and after each face-to-face triage, limited problem focused exam, or treatment encounter. This DPC shall be reviewed and appropriately modified after each dental encounter. Patients shall be provided equal access

to dental services based upon the occurrence of disease, significant malfunction, or injury and clinical necessity in accordance with the degree of urgency of a patient's dental needs.

(1) Emergency Care. Any dental condition for which evaluation and treatment are immediately necessary, as determined by health care staff, to prevent death, severe or permanent disability, or to alleviate or lessen disabling pain. Emergency dental treatment shall be available on a 24 hour, seven day per week basis. Patients are eligible for Emergency Care regardless of time remaining on their sentence and regardless of their plaque index score.

(2) Urgent Care.

(A) Patients with a dental condition of sudden onset or in severe pain which prevents the patient from carrying out essential activities of daily living. Treatment shall be initiated within one calendar day from the date of diagnosis.

(B) Patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention. Treatment shall be initiated within 30 calendar days from the date of diagnosis.

(C) Patients requiring early treatment for any unusual hard or soft tissue pathology. Treatment shall be initiated within 60 calendar days from the date of diagnosis.

(D) Patients are eligible for Urgent Care regardless of time remaining on their sentence and regardless of their plaque index score.

(3) Interceptive Care.

(A) Patients with advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention.

(B) Patients who are edentulous or essentially edentulous, or who have no posterior teeth in occlusion, requiring a complete and/or removable partial denture.

(C) Patients with moderate or advanced periodontitis requiring non-surgical periodontal treatment (scaling and/or root planning).

(D) Patients requiring restoration of essential physiologic relationships.

(E) Treatment shall be initiated within 120 calendar days from the date of diagnosis.

(F) Patients must have over six months remaining on their sentence within the Department at the time Interceptive Care is initiated and are eligible regardless of their plaque index score.

(4) Routine Rehabilitative Care.

(A) Patients with an insufficient number of posterior teeth to masticate a regular diet (seven or fewer occluding natural or artificial teeth), requiring a maxillary and/or mandibular partial denture, or with one or more missing anterior teeth resulting in the loss of anterior dental arch integrity, requiring an anterior partial denture.

(B) Patients with carious or fractured dentition requiring restoration with definitive restorative materials or transitional crowns.

(C) Patients with gingivitis requiring routine prophylaxis or mild periodontitis requiring scaling and root planing.

(D) Patients requiring definitive root canal treatment for anterior teeth, which are restorable with available restorative materials. The patient's overall dentition must fit the following conditions:

1. The retention of the tooth is necessary to maintain the integrity of the dentition.

2. The tooth has adequate periodontal support and a good prognosis for long-term retention and restorability.

3. The tooth is restorable using American Dental Association (ADA) and Department approved methods and materials and does not require extensive restoration including either a pin or post retained core build up.

4. There is adequate posterior occlusion, either from natural dentition or a dental prosthesis, to provide protection against traumatic occlusal forces.

(E) Patients with non-vital, non-restorable erupted teeth requiring extraction.

(F) Treatment shall be initiated within one year from the date of diagnosis.

(G) Patients must have at least 12 months remaining on their sentence within the Department at the time Routine Rehabilitative Care is initiated and, with the exception of treatment for periodontal pathology, must maintain an acceptable level of oral hygiene which shall be measured and evaluated by the use of the plaque index score. A plaque index score of 20 percent or less represents an acceptable level of oral hygiene.

(5) No dental care needed. Patients not appropriate for inclusion in Emergency, Urgent, Interceptive, Routine Rehabilitative, or Special Dental Needs Care.

(6) Special Dental Needs Care. Patients with special dental needs including patients requiring dental care that is a deviation from treatment policy as well as treatments that may require a contracted specialist or that cannot be accomplished at the institution.

(ah) Reception Centers.

(1) Newly arriving inmates at a reception center (RC), including new commitments and parole violators, shall receive an initial health screening by a licensed health care provider to identify urgent/emergent dental needs. Within sixty (60) calendar days of a an inmate's patient's arrival at a reception center an RC, a dentist shall perform a dental screening for patients who qualify. Patients who received a dental screening at an RC or a comprehensive dental examination at a mainline facility within the past six months need not receive a new RC dental screening except as determined by the treating dentist. This includes patients who have paroled and are rearrested as well as those who transfer from one RC to another.

(2) Inmates remaining on RC status at an RC for 180 calendar days or longer shall be notified within ten business days after completion of the 180th day that they are eligible to receive an initial comprehensive dental examination performed by a dentist according to the terms described in subsection (i)(1).

(3) Dental treatment provided to reception center inmates RC patients shall be limited to the treatment of Emergency and Urgent Care dental conditions, as defined in Ssubsections 3354(f)(1) (g)(1) and 3354(f)(2) (g)(2). Inmates Patients who remain on RC status in an reception center RC for ninety (90) calendar days or longer may submit a CDC Form 7362 (Rev. 03/04) Health Care Services Request Form, which is incorporated by reference, to request DPC-2 Interceptive eCare, as defined in subsection (g)(3), (excluding prosthetics). Upon receipt of a CDC Form 7362, the dentist shall exercise professional judgment in considering treatment for a DPC-2 an Interceptive Care condition for the inmate patient.

(bi) Assigned Mainline Facility.

(1) Upon Within ten business days of arrival at a mainline program facility all inmates patients shall be notified that they are eligible to receive an initial comprehensive dental examination performed by a dentist who shall formulate and document a dental treatment plan. The inmates patients shall be notified that no copayment is required for this service.

(2) When dental staff becomes aware that a patient has transferred to a mainline facility without undergoing an RC dental screening, dental staff at the receiving institution shall schedule the

patient for a face-to-face triage encounter to see if the patient has any Emergency or Urgent Care dental conditions, as defined in subsections (g)(1) and (g)(2), respectively. Dental staff shall also follow the process regarding comprehensive dental examination eligibility notification outlined in subsection (i)(1).

(13) When a treatment plan is proposed, the inmate patient shall be provided an explanation of its advantages and disadvantages.

(24) Each inmate's patient's dental health history shall be documented at the time of the initial comprehensive dental examination, and signed by the inmate patient, and witnessed by the dentist. Such history shall be available and reviewed at each dental visit.

(35) Inmates Patients with a plaque index score above 20% percent or who refuse oral hygiene instruction shall receive only Emergency Care, Urgent Care, Interceptive Care, and/or Special Dental Needs Care, as these terms are described in Ssubsections 3354(f)(1) (g)(1), 3354(f)(2) (g)(2), 3354(f)(3)(g)(3), and 3354(f)(6) (g)(5), respectively.

(e) Within the second trimester of gestation and regardless of their plaque index score, pregnant inmates shall receive a comprehensive dental examination, periodontal examination, oral hygiene instruction, and the necessary periodontal treatment in order to maintain periodontal health during the gestation period.

(d) Re-examination. After the initial comprehensive dental examination, all mainline program facility inmates patients shall be notified that they are eligible to receive a periodic comprehensive dental examination by a dentist with no copayment required as follows:

(1) Every two (2) years (biennially), until up to the age of fifty (50).

(2) Annually after starting at the age of 50 and regardless of age if the inmate patient is diagnosed with diabetes, HIV, or seizure disorder or pregnancy.

(k) Medical Emergencies in the Dental Clinic. The Department shall ensure that emergency medical services are provided in the dental clinic as necessary.

(l) In the provision of dental treatment, Department dentists shall monitor patients with the following conditions and shall adhere to the appropriate protocols.

(1) Hypertension.

(2) Anticoagulant therapy.

(3) Infective endocarditis risk.

(4) Prosthetic cardiac valve.

(5) Total joint replacement.

(6) HIV/AIDS.

(7) Bisphosphonate therapy.

(8) Diabetes.

(9) Pregnancy.

(m) Institution Orientation and Self Care.

(1) Mainline facility patients shall receive a baseline plaque index score as well as oral hygiene instruction at the time of their comprehensive dental examination and treatment plan formulation.

(2) Inmates shall be allowed to brush their teeth at least once a day within the facility's security guidelines and encouraged to brush after meals.

(3) Inmates shall be allowed to use dental floss or flossers once a day within the facility's security guidelines.

(n) Periodontal Disease Program. The Department shall maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal treatment:

(1) Shall be available to patients based on the presence of a comprehensive dental examination with a treatment plan, prior completion of Urgent Care dental treatment as defined in subsection (g)(2), and regardless of time remaining on their sentence.

(2) Shall consist of non-surgical scaling and/or root planing.

(o) Dental Restorative Services. The Department shall provide patients with dental restorative services utilizing ADA and Department approved dental restorative materials. Dental restorative services shall be limited to the restoration of carious teeth with enough structural integrity to provide long-term stability.

(p) Root Canal Therapy.

(1) Endodontics, or root canal therapy, shall only be performed on the upper and lower six anterior teeth for a patient who meets the criteria pursuant to subsection (g)(4)(D)1.- 4.

(2) Posterior root canal therapy may be considered pursuant to section 3352.2(b) if all the following conditions are met:

(A) Conditions listed in subsections (g)(4)(D)1.- 4.

(B) The tooth in question is vital to the patient's chewing ability.

(C) The tooth in question is essential as a support tooth for an existing removable cast partial denture or is necessary as a support tooth on a proposed removable cast partial denture for that arch.

(D) Treatment must be approved by the Dental Authorization Review Committee and the Dental Program Health Care Review Committee prior to initiating the procedure.

(3) Root canal therapy shall not be performed when extraction of the tooth is appropriate due to non-restorability, periodontal involvement, or when the tooth can easily be replaced by an addition to an existing or proposed prosthesis in the same arch.

(q) Oral Surgery. A full range of necessary oral surgery procedures including biopsies shall be available to patients regardless of time remaining on their sentence. Any clinically necessary oral surgery procedure, as determined by health care staff, that cannot be accomplished at the local institution shall be made available by referring the patient to contracted oral surgeons, or to outside facilities.

(r) Dental Prosthodontics.

(1) When a patient's treatment plan includes a dental prosthesis, the treating dentist shall inform the patient that the prosthesis may not be completed prior to the patient's parole date.

(2) A dental prosthesis shall be constructed only when:

(A) The dentist believes the patient can tolerate it and can be expected to use it on a regular basis.

(B) A patient is edentulous, is missing an anterior tooth, or has seven or fewer upper and lower posterior teeth in occlusion.

(C) All diagnosed preventive, restorative, endodontic, and oral surgery procedures have been completed.

(D) The active therapy phase of periodontal therapy has been completed and the patient is free of periodontal disease or is in periodontal maintenance.

(E) Clinically adequate and diagnostic radiographs are present in the health record prior to initiating dental prosthodontic services.

(F) The patient has an Interceptive Care prosthetic need (e.g., complete denture) and is eligible pursuant to subsection (g)(3); or the patient has a Routine Rehabilitative Care prosthetic need (e.g., partial denture) pursuant to subsection (g)(4). Time requirements are calculated from the date final impressions are taken.

(3) All dental prostheses which are fabricated for patients shall have the patient's last name and CDCR number embedded into the prosthesis for identification purposes.

(s) Removal of orthodontic bands/brackets and/or arch wires shall be at the discretion of the treating dentist and does not require approval by the DAR Committee.

(t) Within the second trimester of gestation and regardless of their plaque index score, pregnant patients shall receive a comprehensive dental examination, periodontal examination, oral hygiene instruction, and the necessary periodontal treatment in order to maintain periodontal health during the gestation period.

(u) The Department shall utilize a dental hold process when the transfer or transport of a patient is not clinically appropriate. The treating dentist in conjunction with the Supervising Dentist (SD) shall determine if a dental hold should be placed on a patient. When a dental hold has been placed and the patient refuses treatment of the condition that prompted placement of the hold, the SD or treating dentist shall remove the hold and document the incident. A dental hold shall be removed or lifted only by the treating dentist or SD.

(v) Nourishments and supplements may be prescribed for patients who are pregnant, diabetic, immunocompromised, malnourished, or those with dental or oropharyngeal conditions causing difficulty eating regular diets.

(ew) Restraints. If an inmate a patient requiring dental treatment also requires use of restraint gear, such restraints shall be selected to enable sitting in a dental chair and shall remain in place during the treatment. Exceptions require concurrence of the treating dentist, the escorting officer, and a lieutenant. For pregnant inmates patients, the rules provided in subsections 3268.2(b), and (d), and (e) concerning the use of restraints shall be followed.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 3424 and 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. Cal.).